



APPLICATION FOR MODIFICATIONS TO OCCUPATIONAL LICENSE

(Submit a separate form for each business location)

Special No. Assigned	_____
ACR No.	_____
Date App Received	_____
Date Permit Issued	_____
Date Permit Expires	_____
Fingerprint Fee (\$42) ea. card)	_____
Number of Plates	_____
Type of Plate: Small or Large	_____
Plate Fee	_____
County Code	_____
New Motor Vehicle Board Fee	_____
Other Fee	_____
Total Fee	_____
S/R No.	_____
Inspector	_____ Region _____

NAME OF INDIVIDUAL, PARTNERS, CORPORATION, OR LIMITED LIABILITY COMPANY

AREA CODE/TELEPHONE NO.

()

DBA

ADDRESS (NUMBER AND STREET)

CITY

STATE

ZIP CODE

TYPE BUSINESS	TYPE ACTIVITY	TYPE VEHICLES																					
<i>(Select one)</i>	<i>(Applies to Dealer ONLY)</i>	<i>(Check all that apply to this location only.)</i>																					
<input type="checkbox"/> Dealer <input type="checkbox"/> Lessor/Retailer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Transporter <input type="checkbox"/> Dismantler <input type="checkbox"/> Remanufacturer	<input type="checkbox"/> Retail Sales <input type="checkbox"/> Autobroker Endorsement <input type="checkbox"/> Wholesale Only	<table border="0"> <tr> <td>New</td> <td>Used</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Auto</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Motorcycle</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Motorhome</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Trailer</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Snowmobile</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Off Highway</td> </tr> </table>	New	Used		<input type="checkbox"/>	<input type="checkbox"/>	Auto	<input type="checkbox"/>	<input type="checkbox"/>	Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	Motorhome	<input type="checkbox"/>	<input type="checkbox"/>	Trailer	<input type="checkbox"/>	<input type="checkbox"/>	Snowmobile	<input type="checkbox"/>	<input type="checkbox"/>	Off Highway
New	Used																						
<input type="checkbox"/>	<input type="checkbox"/>	Auto																					
<input type="checkbox"/>	<input type="checkbox"/>	Motorcycle																					
<input type="checkbox"/>	<input type="checkbox"/>	Motorhome																					
<input type="checkbox"/>	<input type="checkbox"/>	Trailer																					
<input type="checkbox"/>	<input type="checkbox"/>	Snowmobile																					
<input type="checkbox"/>	<input type="checkbox"/>	Off Highway																					

REASON FOR SUBMISSION:

- ☐ Add Permanent Branch Location
☐ Close Location
☐ Change branch location to main location
☐ Change of Address

☐ Main ☐ Branch

- ☐ Change of DBA Name
☐ Main ☐ Branch

- ☐ Type License change (DEALER ONLY)

From: To:

- | | |
|--|--|
| <input type="checkbox"/> Retail Sales | <input type="checkbox"/> Retail Sales |
| <input type="checkbox"/> Retail Autobroker | <input type="checkbox"/> Retail Autobroker |
| <input type="checkbox"/> Wholesale Only | <input type="checkbox"/> Wholesale Only |

- ☐ Add Autobroker Endorsement
☐ Main ☐ Branch

- ☐ Add vehicle(s) category

NEW	USED	
<input type="checkbox"/>	<input type="checkbox"/>	Auto/Comm
<input type="checkbox"/>	<input type="checkbox"/>	Motorcycle
<input type="checkbox"/>	<input type="checkbox"/>	Motorhome
<input type="checkbox"/>	<input type="checkbox"/>	Trailer
<input type="checkbox"/>	<input type="checkbox"/>	_____

- ☐ Delete vehicle(s) category

NEW	USED	
<input type="checkbox"/>	<input type="checkbox"/>	Auto/Comm
<input type="checkbox"/>	<input type="checkbox"/>	Motorcycle
<input type="checkbox"/>	<input type="checkbox"/>	Motorhome
<input type="checkbox"/>	<input type="checkbox"/>	Trailer
<input type="checkbox"/>	<input type="checkbox"/>	_____

FORMER ADDRESS

CITY

STATE

ZIP CODE

NEW ADDRESS

CITY

STATE

ZIP CODE

FORMER DBA NAME

NEW DBA NAME

*Excludes Wholesale Only Dealer

1. PROPERTY DATA

(In Sq. Ft.)	Display Area*	Garage Area*	Bldg. Area*	Total Area	Property is (Check One)	Lease or Rental Period
Branch 1					Leased <input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/>	
Branch 2					Leased <input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/>	
Branch 3					Leased <input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/>	

2. IF PROPERTY IS LEASED ON RENTED, COMPLETE THE FOLLOWING

PRINT Property Owner's Full Name Owner's Address City Telephone Number

Branch 1

Branch 2

Branch 3

NEW VEHICLE DEALERS ONLY (auto/commercial and motorcycle) Please initial/check one of the following:

Selling used vehicles **only** at this location. ☐ Auto/Commercial ☐ Motorcycle ☐ Trailers ☐ RV

FOR DISMANTLER ONLY - Complete below

All plates removed from acquired vehicles will be ☐ Destroyed ☐ Turned into the department.

BOARD OF EQUALIZATION RESALE PERMIT NO.

CALIF. ENVIRONMENTAL PROTECTION AGENCY I.D. NO.

FRANCHISE TAX BOARD TAX I.D. NO.

YES NO

1. Firm is required to obtain a storm water permit for this location ☐ YES ☐ NO
2. An application has been filed to obtain a storm water permit for this location ☐ YES ☐ NO
3. A hazardous materials business plan has been filed for this location ☐ YES ☐ NO
4. Firm is required to file a hazardous materials business plan for this location ☐ YES ☐ NO

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

EXECUTED AT (CITY, STATE)

ON (DATE)

SIGNATURE

TITLE

